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Bib Data Sheet

CONFIRMATION NO. 6466

|                                    |   |                     |                               |   |
|------------------------------------|---|---------------------|-------------------------------|---|
| <b>SERIAL NUMBER</b><br>10/569,792 | <b>FILING OR 371(c) DATE</b><br>08/03/2006<br><b>RULE</b> | <b>CLASS</b><br>435 | <b>GROUP ART UNIT</b><br>1652 | <b>ATTORNEY DOCKET NO.</b><br>3535-0143PUS1 |
|------------------------------------|---|---------------------|-------------------------------|---|

**APPLICANTS**

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**\*\* CONTINUING DATA \*\*\*\*\***

*JK* This application is a 371 of PCT/IS04/00010 08/27/2004 which claims benefit of 60/497,935 08/27/2003

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

*JK* ICELAND 6929 08/27/2003

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\***

04/09/2007

|  |                                    |                            |                           |                                |
|--|------------------------------------|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>ICELAND | <b>SHEETS DRAWING</b><br>3 | <b>TOTAL CLAIMS</b><br>21 | <b>INDEPENDENT CLAIMS</b><br>1 |
| 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |                                    |                            |                           |                                |
| Verified and Acknowledged <i>JK</i><br>Examiner's Signature _____ Initials _____   |                                    |                            |                           |                                |

**ADDRESS**

2292

**TITLE**

Non-denaturing process to purify recombinant proteins from plants

|                                    |   |  |
|------------------------------------|---|--|
| <b>FILING FEE RECEIVED</b><br>1540 | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: | <input type="checkbox"/> All Fees                              |
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